

Registration District No. 283

Primary Registration District No. 4298

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Linneus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Linneus
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lelia Thompson

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 29 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Linneus Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business XXXXXXXX

12. Name P. C. Flournoy, M. D.

13. Birthplace Chesterfield Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jeter

15. Birthplace Amelia Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Stovner
(b) Address Des Moines, Iowa.

17. (a) Burial (b) Date thereof 1/20/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Thorne Undt, Co.
(b) Address Linneus, Mo. (Rth. Taylor)

19. (a) Date received local registrar Jan 20 1944 (b) Registrar's signature Mrs. C. C. Wood

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th.
year 1944 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 4th. 1944 to Jan 19 1944

that I last saw her alive on January 16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to

Due to

Other conditions

Major findings: Of operations 93e1

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. Willis (M.D. or R.N.) DO.
Address Linneus, Mo. 1/20 Date signed 4/4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SEP 2 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ by me, or by.....

This body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Dorn A. Taylor*.....

Licensed Embalmer No. 3761.....

P. O. Address Linneus, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.